

36
10
12
58

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/607-6526</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1				51						
2		1		1			52						
3	1						53						
4		1					54						
5	1						55						
6		1					56						
7	1						57						
8	1						58						
9	1						59						
10		1					60						
11	1						61						
12		1					62						
13		1					63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		9	1				TOTAL IND.						
TOTAL DEP.		58	21				TOTAL DEP.						
TOTAL CLAIMS		67	22				TOTAL CLAIMS						